TRICARE Northwest

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TRICARE Conference a Success

Chris Hober, NWLA

By any measure, the recently concluded the 5th Annual TRICARE Northwest Conference, held at the Tacoma Sheraton Hotel, was a success, with attendees giving the event an overall rating of 4.42 on a five-point scale. The location of the conference also got high marks from participants, scoring a 4.5 overall.

Conferees also commented favorably on the variety of topics available, and on the Microsoft Tour that capped the conference. Tops among favored speakers was Col. Michael D. Parkinson from the Air Force Surgeon General Office who scored a whopping 4.92 rating from those who attended his presentation. His address, Re-engineering the MHS, was characterized by audience comments such as "informative and inspiring" and "dynamic and thought-provoking."

Over 200 people from military organizations worldwide attended the three-day conference, which offered presentations on a wide variety of topics including Population Health Management, Putting Prevention Into Practice, TRICARE 3.0, Practice Guidelines, Resource Sharing, Claims Processing, Information Management and Data Quality.

Those who did not have the opportunity to attend the conference can still review the content of the presentations by going to the TRICARE Northwest homepage, tricarenw.mamc.amedd.army.mil. Conference presentation material is available there for your information and use.

MAMC Performs First Pediatric Cochlear Implantation

Sharon Ayala, MAMC PAO

On July 22 a historical event occurred at Madigan Army Medical Center as the facility's very first pediatric cochlear implantation was performed. MAJ (Dr.) Andrew Silva, assistant chief of Otolaryngology Clinic, performed the four-hour procedure, which involved lifting a piece of skin from behind a four-year old child's ear, drilling down the bone to make a depression, and implanting a cochlear device.

The patient, Brittany Renfrow, lost her hearing while still in her mother's womb due to an infection. SPC Brad Renfrow of the 54th Medical Evacuation Bn, and his wife Nicole had waited

(Continued on page 2)

Inside this issue:

TPR Update:

TRICARE Prime Remote (TPR) will be implemented on October 1 nationally. All of Active Duty service members currently enrolled in the TRICARE Northwest GSU Program must enroll in TPR. Family members of existing GSUs in the region may remain enrolled in TRICARE Prime when TPR begins.

MAMC Performs First Pediatric Cochlear Implantation Contd

(Continued from page 1)

hopefully for the procedure to be done on their daughter since first hearing about it while stationed in Alaska a few years ago. Brad was compassionately assigned to Fort Lewis so that the operation that would cure Brittany's deafness could be performed.

A cochlear implant consists of several mechanical parts: the internal implant, the external speech processor and a transmitter coil that is worn behind the ear. "The implant device is about the size of a hearing aid. It has two long wires attached to it called electrodes. After drilling into the mastoid bone, the electrodes were threaded into the hearing organ called the cochlea," Silva explained. "The auditory nerve, which allows us to hear, responds to sounds when the cochlea is stimulated."

The external pieces of the device act like receivers. The transmitter coil picks up sounds and transmits them to the speech processor worn on the belt. The speech processor, which resembles a pager, then filters, analyzes and digitizes the sound into coded signals. The signals are sent from the speech processor back to the transmitting coil behind the ear, which then sends them as FM radio signals to the cochlear implant under the skin.

About four to six weeks following the procedure, Brittany's cochlear device will be turned on, allowing her to hear sounds for the first time in her life. Silva said that before it is turned on, it's very important that the family understands the system and knows how to use it.

Because this is the first time this procedure was performed on a child at Madigan, the necessary follow up treatment is not yet available. This part of Brittany's treatment is very important because it is when she will learn how to use the device, and how to translate the new senses of sound she hears into speech. Consequently, Silva turned to Children's Hospital in Seattle for assistance. "With the help of my chairman, COL (Dr.) Vincent Eusterman, we have formed an alliance with the cochlear implant Director and coordinator at Children's hospital in Seattle. Now, our military children will get the implant and surgical care at Madigan, but they'll receive their audiologic rehabilitation at Children's hospital in Seattle where there is a cochlear implant evaluation team," he said.

Cochlear implants offer a lot of hope to people suffering from hearing loss. The procedure is performed at many hospitals throughout the country at an average cost of about $18,000, which can go as high as $30,000 with follow up.

Silva pointed out that the device may not be for everyone. "Cochlear implants are for individuals 18 months and older, who have been diagnosed by an audiologist as having a profound hearing loss," he explained. "It is designed for people who have already tried hearing aids for three to six months, and had no obvious benefit from them."

Silva has performed approximately 15 cochlear implant procedures. He said he is very excited that military medicine can now provide such medical services to its military beneficiaries.

"Being able to offer our patients this type of service is a prime example of military personnel and their families having access to the cutting edge technology with minimal rehabilitation costs to them," he said.

As for Nicole and her husband, they both expressed gratitude to the doctors who were involved in Brittany's care. "Dr. Silva and the whole team involved were tremendous. They went above and beyond," Nicole said.

As it gets closer to the time to turn on Brittany's device, both parents say they can hardly contain their excitement. All they want is to hear their daughter speak her first words. Even Brittany's older brother, Cole, is excited.

"Everyday, my son asks 'Is today the day my sister is going to hear?' All I want, more than anything is to hear my little girl say 'I love you mommie,'" Nicole said.

Teledermatology Initiated at MAMC

Brooke Evans, MAMC PAO

In the past, a soldier or a family member who needed to see a dermatologist could spend half a day or more traveling to MAMC for a consultation. Now the entire process can be done electronically, without travel. Teledermatology enables primary care providers at one site, such as Oak Harbor, to obtain a diagnosis from a dermatologist at another site over the web.

"The idea is to move information instead of patients," said LTC Judi Rozelle, chief of Informatics at MAMC. "This decreases the travel time and lost duty time for patients."

The process is quite simple and connects patients and doctors who are geographically separated. For example, if a patient at Bremerton Naval Hospital needs to be seen by a dermatologist, a consult manager at the site will photograph the patient and upload the images to be sent electronically across the web to a dermatologist at Madigan. The images are then downloaded; the doctor reads the patient's history, looks at the pictures and makes a diagnosis. The advice and recommendations are then sent back to the clinic.

This is completed in a quick and easy on-line form already prepared for the physician. If a diagnosis cannot be made, the doctor requests to see the patient in person.

"Teledermatology makes care more accessible," said Dominique Blanchard, Telemedicine coordinator at MAMC. "It's for the patients."

"Telemedicine is a technology of convenience," added LTC (Dr.) Keith Vaughan, assistant chief of Dermatology Services at MAMC. Vaughan cited one reason he wanted to work at MAMC was because of this technology and the training he would receive.

From its early stages in the 1960s, when the National Aeronautics and Space Administration (NASA) developed the technology to support manned space travel, Telemedicine has grown to be an important part of modern day military healthcare. Since implementation of the Army Teledermatology project at Walter Reed Army Medical Center (WRAMC) in 1998, it has led to more rapid turnaround, decreased waiting time and a decreased loss of duty time. Of the first 100 Teledermatology cases at WRAMC, 45 percent of patients did not require a visit to the dermatologist, accounting for a 15 to 20 percent potential decrease in workload. The Army Teledermatology project is also being conducted at Landstuhl Army Medical Center in Germany, Brooke Army Medical Center in Texas and Eisenhower Army Medical Center in Georgia.

The TRICARE Northwest region is ideally suited to the use of telemedicine, due to the shortage of military medical specialty providers throughout the area. Teledermatology is available for patients at Oak Harbor, Bremerton and McChord, with plans to expand to Everett.

CDR (Dr.) Paul Savage, head of the Department of Internal Medicine at Oak Harbor Medical Clinic uses Teledermatology in the clinic anywhere from once a week to once a month, depending on patient needs. "The ease of use and basic convenience of Teledermatology is its biggest advantage," Savage said. "Ultimately the more comfortable people get in utilizing the technology, the better this (Teledermatology) will get," he added.

Teledermatology has many applications for wartime care. The main advantage is to patients who are far away, perhaps on a ship, an island or in the field, without access to specialty healthcare. Future military healthcare providers employing this technology will not be subject to the limits imposed by geography. In fact, MAMC has a Telemedicine Smart Team that is positioned to go anywhere in the world.

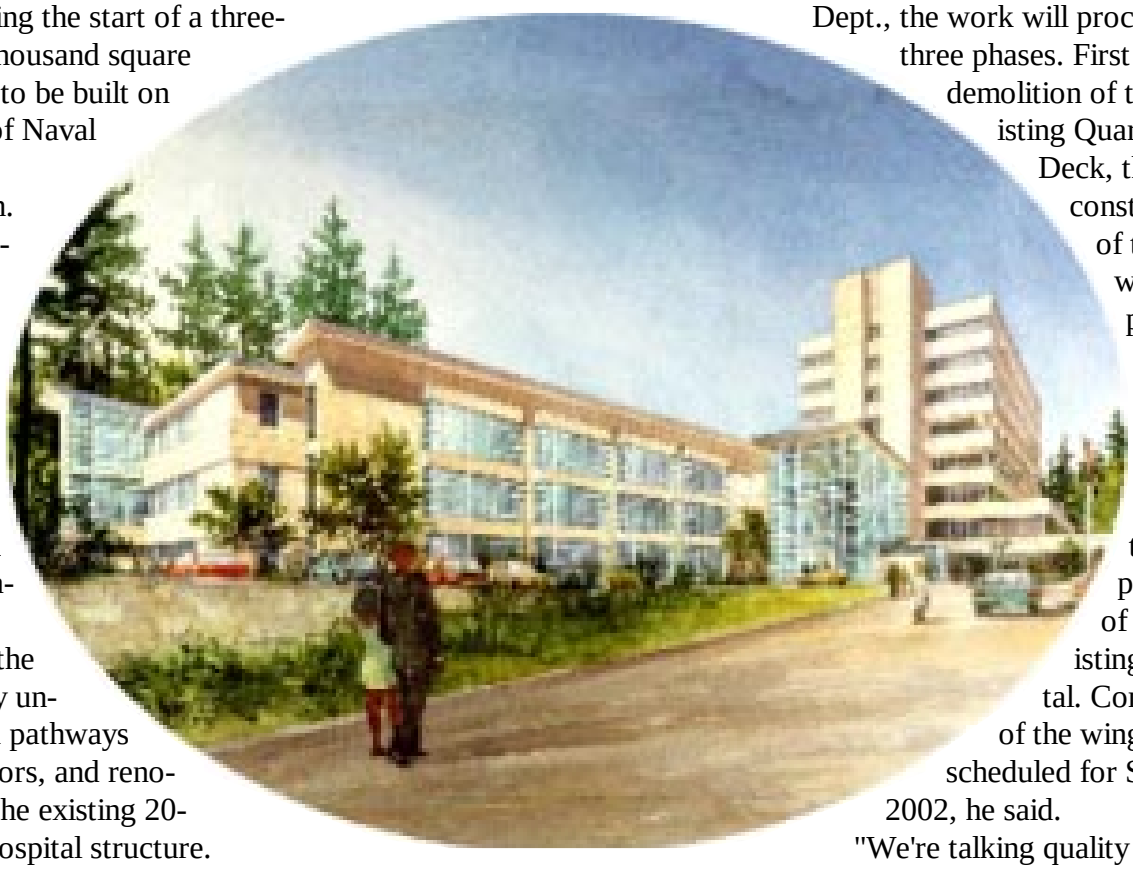
Interactive video Telemedicine, designated Project Seahawk, has been in use at MAMC for some time. This technology, however, is used more for specialty areas like Speech Pathology and Nutrition Care. Currently Project Seahawk is being reengineered for better efficiency and flexibility.

"The potential for Telemedicine is just beginning," Rozelle said. "If Telemedicine really gets going, none of the regional boundaries are going to make a difference."

Construction Begins on New Naval Hospital Bremerton Wing

Judith Robertson, NHB PAO

Stating that "World-class health care deserves a world-class facility," Rear Admiral William J. Marshall, Commander, Navy Region Northwest, assisted in turning the first shovels full of dirt signaling the start of a three-story 55-thousand square foot wing to be built on the front of Naval Hospital Bremerton.



In addition to the ambulatory wing, construction will include a three level parking garage connected to the hospital by underground pathways and elevators, and renovation to the existing 20-year-old hospital structure.

The new ambulatory clinical wing will provide "cradle to grave" quality health care, Capt. Gregg Parker, commander, Naval Hospital Bremerton, said of the one-stop, out patient facility that will include a pharmacy, outpatient records depository and Family Practice clinics.

The construction contract was awarded July 2 as a joint venture project to Harper Construction Co. from San Diego, Calif. and the Portland, Oregon firm, Nielson Dillingham Builders, for nearly $24 million. The architectural firm, NBBJ Co., of Seattle did the design for the new wing.

Parker pointed out the existing seven story hospital, which opened in 1980, was built for $20 million, and the new wing will cost more. "It's not bigger," he said of the $23.5 million, three-story structure, "It's just a different time in the millennium."

According to Lt. Robert Butters, head, Facilities Management Dept., the work will proceed in three phases. First the demolition of the existing Quarter Deck, then the construction of the new wing and parking garage and finally the renovation of portions of the existing hospital. Completion of the wing is scheduled for Sept. 2002, he said.

"We're talking quality care here today," Marshall said. "It is quality in the workplace environment and quality in care. Hang in there with us for 18 months and we'll have a great facility."